

**Indiana Secretary of State Connie Lawson
General Counsel
201 Statehouse
200 West Washington Street
Indianapolis, Indiana 46204**

Notary Complaint Form

Personal Information of Complainant

Name: _____

Home Address: _____

Zip Code: _____

Home Phone Number: _____

**Business
Address:** _____

Zip Code: _____

Business Phone Number: _____

**What is the conduct that serves for the basis of the
complaint?** _____

**What relief are you
requesting?** _____

Notary Public Information

Name: _____

Address: _____

Zip Code: _____

Phone: _____

**Date of expiration of notary
commission:** _____

Commission Number _____

Please attach copies of the following:

Documents Notarized by the notary in question

Any correspondence relating to the above

**I hereby verify, subject to penalties of perjury, that I have read the information
contained in and attached to this complaint and that all of the information I have given
is accurate and complete to the best of my knowledge and belief.**

SIGNATURE _____

PRINTED NAME _____

DATE _____